



Pro Se 14 (Rev. 12/16) Complaint for Violation of Civil Rights (Pline

with the full list of names. Do not include addresses here.)



for the

District of

Division

	Case No.	
)	(to be filled in by the Clerk's Office)
Plaintiff(s))	
Write the full name of each plaintiff who is filing this complaint.)	
f the names of all the plaintiffs cannot fit in the space above, clease write "see attached" in the space and attach an additional)	,
age with the full list of names.))	
-V-)	
)	
)	
)	
)	
D. C. L. (1))	
Defendant(s) Write the full name of each defendant who is being sued. If the)	
names of all the defendants cannot fit in the space above, please)	
vrite "see attached" in the space and attach an additional page		

COMPLAINT FOR VIOLATION OF CIVIL RIGHTS

(Pi-Complaint)

NOTICE

Federal Rules of Civil Procedure 5.2 addresses the privacy and security concerns resulting from public access to electronic court files. Under this rule, papers filed with the court should *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number.

Except as noted in this form, plaintiff need not send exhibits, affidavits, grievance or witness statements, or any other materials to the Clerk's Office with this complaint.

In order for your complaint to be filed, it must be accompanied by the filing fee or an application to proceed in forma pauperis.

I. The Parties to This Complaint

A. The Plaintiff(s)

В.

Provide the information below for needed.	each plaintiff named in the c	omplaint. Attach additi	onal pages if
Name			
All other names by which			
you have been known:			
ID Number			· · · · · · · · · · · · · · · · · · ·
Current Institution			
Address			
	Citv	State	Zip Code
The Defendant(s)			
individual, a government agency, a listed below are identical to those of the person's job or title (if known) an individual capacity or official capacity or official capacity.	contained in the above caption deck whether you are bring	n. For an individual del nging this complaint aga	fendant, include
Defendant No. 1			
Name			
Job or Title (if known)		-	
Shield Number			
Employer			·
Address			
	· · · · · · · · · · · · · · · · · · ·		7. 6.
	City Individual capacity	State Official capacity	Zip Code
	murvidual capacity	U Official capacity	
Defendant No. 2			
Name			
Job or Title (if known)			
Shield Number			
Employer		·	
Address			
			-
	City	State	Zin Code
	Individual capacity	Official capacity	

Defendant No. 3 Name			
Job or Title (if known)	 		
Shield Number			- - · · · · · · · · · · · · · · · · · ·
Employer			
Address			
	City	State	Zip Code
	☐ Individual capacity	Official capacity	·
Defendant No. 4		'	
Name			
Name			
Name Job or Title (if known)			
Name Job or Title (if known) Shield Number			
Name Job or Title (if known) Shield Number Employer	City	State	Zip Code
Name Job or Title (if known) Shield Number Employer	City ☐ Individual capacity	State ☐ Official capacity	•

II. Basis

> Under immu Feder constitutional rights.

- Are you bringing suit against (check all that apply): A.
 - Federal officials (a Bivens claim)

State or local officials (a § 1983 claim)

- B. Section 1983 allows claims alleging the "deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws]." 42 U.S.C. § 1983. If you are suing under section 1983, what federal constitutional or statutory right(s) do you claim is/are being violated by state or local officials? Whong fully ness Deadly Force 4Sed by +Wo hous+on police of Ficer, and injurie 's Still Showing. March 3,202
- C. Plaintiffs suing under Bivens may only recover for the violation of certain constitutional rights. If you are suing under Bivens, what constitutional right(s) do you claim is/are being violated by federal officials?

Section 1983 allows defendants to be found liable only when they have acted "under color of any
statute, ordinance, regulation, custom, or usage, of any State or Territory or the District of Columbia."
42 U.S.C. § 1983. If you are suing under section 1983, explain how each defendant acted under color
of state or local law. If you are suing under Bivens, explain how each defendant acted under color of
federal law. Attach additional pages if needed.

III. Prisoner Status

Indicate whether you are a prisoner or other confined person as follows (check all that apply):

 Pretrial detainee	

- Civilly committed detainee
- Immigration detained
- Convicted and sentenced state prisoner
- Convicted and sentenced federal prisoner
- Other (explain)

IV. Statement of Claim

State as briefly as possible the facts of your case. Describe how each defendant was personally involved in the alleged wrongful action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

- A. If the events giving rise to your claim arose outside an institution, describe where and when they arose.
- B. If the events giving rise to your claim arose in an institution, describe where and when they arose.

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- What date and approximate time did the events giving rise to your claim(s) occur?

 March 3, 2021, Time: 7:35 P.M. Camera Justice 1268513424

 Acol investigation evidentiary showing. Legal Federal Inv.

 Code: 028153721
 - What are the facts underlying your claim(s)? (For example: What happened to you? Who did what? Was anyone else involved? Who else saw what happened?)

 Whohg Fullyhess Deadly Force used by +wo

V. Injuries

If you sustained injuries related to the events alleged above, describe your injuries and state what medical treatment, if any, you required and did or did not receive.

Whong fully hess, III - Unlaw fully hess Deadly Force use by houston police of ficer placed police of ficer hand gun into face. III - Unlaw fully hess placed into Houston, Texas Harris county Jail. No Legal Agency for Corporation relief full sue Award.

VI. Relief

State briefly what you want the court to do for you. Make no legal arguments. Do not cite any cases or statutes. If requesting money damages, include the amounts of any actual damages and/or punitive damages claimed for the acts alleged. Explain the basis for these claims.

Whong Fullyness Deadly Force was used by two houston police officer. Camera, and injurie's still showing. Awarded inn relief settlement sue Twenty - eight Millon governorment dollar's Emergency sue

F.	If vou	did n	ot file a	grievance
1.	II. you	OIO II	ot me a	ETTO VALUE

1. If there are any reasons why you did not file a grievance, state them here:

2. If you did not file a grievance but you did inform officials of your claim, state who you informed, when and how, and their response, if any:

G. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies.

(Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.)

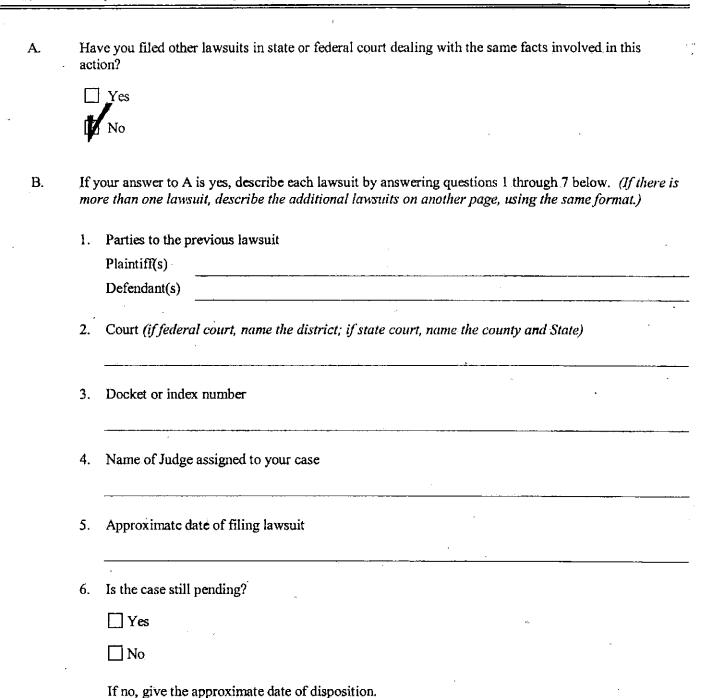
VIII. Previous Lawsuits

The "three strikes rule" bars a prisoner from bringing a civil action or an appeal in federal court without paying the filing fee if that prisoner has "on three or more prior occasions, while incarcerated or detained in any facility, brought an action or appeal in a court of the United States that was dismissed on the grounds that it is frivolous, malicious, or fails to state a claim upon which relief may be granted, unless the prisoner is under imminent danger of serious physical injury." 28 U.S.C. § 1915(g).

To the best of your knowledge, have you had a case dismissed based on this "three strikes rule"?



If yes, state which court dismissed your case, when this occurred, and attach a copy of the order if possible.



C. Have you filed other lawsuits in state or federal court otherwise relating to the conditions of your

in your favor? Was the case appealed?)

imprisonment?

7. What was the result of the case? (For example: Was the case dismissed? Was judgment entered



- D. If your answer to C is yes, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another page, using the same format.)
 - 1. Parties to the previous lawsuit

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Defendant(s)

- 2. Court (if federal court, name the district; if state court, name the county and State)
- Docket or index number
- 4. Name of Judge assigned to your case
- 5. Approximate date of filing lawsuit
- 6. Is the case still pending?

☐ Yes

☐ No

If no, give the approximate date of disposition

7. What was the result of the case? (For example: Was the case dismissed? Was judgment entered in your favor? Was the case appealed?)

B.

IX. Certification and Closing

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

A. For Parties Without an Attorney

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Signature of Plaintiff		* *	
Printed Name of Plaintiff			
Prison Identification #			
Prison Address			
	City	State	Zip Code
For Attorneys	•		
Date of signing:			
Signature of Attorney			
Printed Name of Attorney			
Bar Number			
Name of Law Firm			
Address	· · · · · · · · · · · · · · · · · · ·		
	Citv	State	Zip Code
Telephone Number			



I, Marilyn Burgess, District Clerk of Harris County, Texas certify that this is a true and correct copy of the original record filed and or recorded in my office, electronically or hard copy, as it appears on this date.

Witness my official hand and seal of office this November 8, 2024

Certified Document Number: <u>117215712 Total Pages: 9</u>

Marilyn Burgess, DISTRICT CLERK

Marilyn Burgess

HARRIS COUNTY, TEXAS